## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P03000047951

1. Entity Name

WALKER, BROWNING DEVELOPMENT, INC.



FILED Feb 06, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

402 APPLEROUTH LANE KEY WEST, FL 33040 402 APPLEROUTH LANE KEY WEST, FL 33040



01232006

No Chg-P

CR2E034 (11/05)

4. FEI Number 54-2107534

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

BROWNING, MICHAEL L ESQ 402 APPLEROUTH LANE KEY WEST, FL 33040

## DO NOT WRITE IN THIS SPACE

| KEY WES   | 1, FL 33040   |   | IN                                | THIS SPACE   |
|---|---|---|-----------------------------------|--|
| 8. The above the obligat  | named entity submits this statement for the prices of registered agent.   | <br>urpose of changing its registered office  | or registered agent, or b         | oth, in the State of Florida. I am familiar with, and acce |
| SIGNATURE.  | Signature, typed or printed name of registered agent and title if         | epphcable. (NOTE: Registered Agent sig  | mature required when reinstating) | CATE   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00 |   | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees |                                   |  |
| 10.   | OFFICERS AND DIRECTORS  |   |                                   | <u>.</u>   |
| TISLE NAME STREET ADDRESS CITY-ST-ZIP                                 | D<br>WALKER, STEPHEN<br>402 APPLEROUTH LANE<br>KEY WEST, FL 33040         |   |                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | D<br>BROWNING, MICHAEL L ESQ<br>402 APPLEROUTH LANE<br>KEY WEST, FL 33040 | :   |                                   | 000000421435<br>02/16/06-80036-014 150.00                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | D<br>SIRECI, THOMAS J ESQ<br>402 APPLEROUTH LANE<br>KEY WEST, FL 33040    | · ·   | DO                                | NOT WRITE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |   |   | IN                                | THIS SPACE   |
| TITLE<br>NAME<br>STREET ADORESS<br>GITY-ST-ZIP                        |   |   |                                   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oats; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is changed, or on an attachment with an address, with all other tike empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2-3-06

305-298-7811